

DOCUMENT RESUME

ED 349 544

CS 011 034

AUTHOR Johns, Jerry L.
TITLE From Traditional Reading Clinics to Wellness Centers.
Literacy Research Report No. 16.
INSTITUTION Northern Illinois Univ., DeKalb. Curriculum and
Instruction Reading Clinic.
PUB DATE Oct 92
NOTE 13p.
AVAILABLE FROM Northern Illinois University, The Reading Clinic, 119
Graham Hall, DeKalb, IL 60115 (\$3.50, postage
included).
PUB TYPE Viewpoints (Opinion/Position Papers, Essays, etc.)
(120)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Classroom Environment; Educational Change;
Educational Philosophy; Elementary Education; Higher
Education; *Reading Centers; *Reading Diagnosis;
Reading Difficulties; *Remedial Reading; Tutoring
IDENTIFIERS Educational Issues; Reading Management; Wellness

ABSTRACT

Reading clinics that are part of the service mission of a college or university evolved out of a medical model. Such clinics serve as research centers to investigate and study readers at risk, offer training facilities for undergraduate and/or graduate students who seek to gain expertise in the diagnosis and treatment of reading difficulties, and serve as service agencies for assisting readers at risk. The two major services include diagnostic assessment and tutoring. The basic and underlying fundamental nature of the diagnosis and treatment of reading difficulties has not progressed at a rate consistent with knowledge of the reading process. Significant and fundamental parallels exist between the wellness concept and the notion of literacy. Future reading clinics might be based on wellness principles, including: reading is more than a particular set of behaviors; reading centers on habits and attitudes; reading involves the whole family; and reading involves risk-taking. The whole area of assessment is in drastic need of a fresh approach based on current knowledge of the reading process. Traditional reading clinics need reconceptualization. The new agenda may mean the demise of the medically based model of reading disability and the development of Reading Wellness Centers that provide literacy services to a wide range of readers. (RS)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

ED349544

Northern Illinois University 

Literacy Research Report No. 16

FROM TRADITIONAL READING CLINICS
TO WELLNESS CENTERS

Jerry L. Johns
Northern Illinois University

October, 1992

Literacy Research and Reports

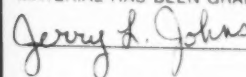
U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

☒ This document has been reproduced as
received from the person or organization
originating it.

☐ Minor changes have been made to improve
reproduction quality.

• Points of view or opinions stated in this docu-
ment do not necessarily represent official
OERI position or policy.

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY



TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

Curriculum and Instruction
Reading Clinic—119 Graham
DeKalb, Illinois 60115

CS011034

Literacy Research Report No. 16

**FROM TRADITIONAL READING CLINICS
TO WELLNESS CENTERS**

**Jerry L. Johns
Northern Illinois University**

October, 1992

**Northern Illinois University
Reading Clinic-119 Graham
DeKalb, IL 60115
815-753-1416**

From Traditional Reading Clinics to Wellness Centers

My aim in this paper is to rethink the concept of reading clinics. I begin with historical background of the traditional reading clinic. From there, I will offer a perspective for changing the basic nature of reading clinics. That perspective draws heavily upon principles that are fundamental to the concept of physical wellness. I shall present some of these principles and suggest a few ways they could influence the restructuring of reading clinics for the 21st century. My reflections are intended to serve as a stimulus for others to develop more detailed proposals for how reading clinics of the future might look if they were based on wellness or wholeness principles.

Traditional Reading Clinics

Harris (1968) notes that the first report of a case of reading disability was made by Dr. W. Pringle Morgan. The year was 1896. Early attention to reading difficulties appears to have been undertaken by the medical field. By the early 1920's, however, books on reading disabilities were being published (e.g., Gray, 1922).

Reading clinics can be classified as full-time remedial schools (e.g., Frostig), medical clinics (e.g., Orton), and those developed by colleges and universities. Harris (1968, p. 163) notes that "the first clinics specializing in reading difficulties were begun under the auspices of graduate schools of education and included the reading clinics at the University of Chicago and Boston University. These became centers for the training of reading specialists and remedial teachers, and college reading clinics now number in the hundreds." In some of these clinics, multidisciplinary teams help to achieve the major purposes of the clinics.

Clinic Purposes and Services

The services provided by clinics depend, at least in part, upon the purposes for which they were established. Since my central focus is college and university reading clinics, I will restrict discussion to such clinics.

There appear to be three major purposes that guide reading clinics at colleges and universities. First, clinics serve as research centers to investigate and study readers at risk. Research may involve possible causal factors, assessment to determine the reading difficulty, or efforts to remediate problem areas identified. Second, clinics offer a training facility for undergraduate and/or graduate students who seek to gain expertise in the diagnosis and treatment of reading difficulties. Third, clinics serve as a service agency for assisting readers at risk. The two major services include diagnostic assessment and tutoring.

Diagnostic Assessment. The process of diagnostic assessment is usually quite formal and clinical in its approach. After referral by parents and/or the school, the clinician, under the direction of a university faculty member who supervises and helps guide the assessment process, undertakes a careful evaluation of the client's reading and related behavior. Formal case studies and reports are common outcomes.

The clinician studies available data (e.g., parent and school forms; other reports) prior to meeting with the client. The diagnostic assessment usually includes the administration of formal and informal tests to determine the client's intellectual functioning, present reading achievement, strengths and weaknesses in reading, interests and attitudes, attention and concentration, and related areas. Screening tests for hearing and vision are also given. Interviews with the client and parents (if the client is a minor), along with a careful study of other reports and assessment data, are used to explore and possibly identify factors contributing to the client's reading difficulty. Major areas often considered include intellectual, physical, emotional, environmental, and educational factors. Such areas were also suggested by Betts in 1936.

Once all the data are collected, the clinician prepares a report. Harris and Sipay (1990, pp. 388-389) and others suggest major headings for the assessment report along these lines: objective data (eg., name, school, test data), reasons for referral, health data, home background, student's

personality, school history, interpretation of reading-assessment results, summary of diagnosis, and recommendations for remedial treatment. Other suggestions for writing, evaluating, and making case studies can be found in Abrams (1988), Richek, List, and Lerner (1983), and Salend and Salend (1985). Resulting case reports are usually sent to the parents and the school. The case reports often serve as a basis for tutoring.

Tutoring. College and university reading clinics often contain physical facilities for tutoring clients who have been referred. The results of the diagnostic assessment, contained in the case report, serve as the basis for the client's tutoring program. It is not unusual for reading clinics to provide individual or small group tutoring. Such tutoring is done by university students during a term or semester.

The program will generally include objectives or goals and use a wide variety of methods and materials. Plans are developed which include a careful record of the tutoring and the client's response to the various lessons and activities. If appropriate, periodic conferences or conversations with the client's parents and/or classroom teacher are an integral part of the tutoring program. Because the tutoring program is part of a university course, there is usually provision for regular meetings between the tutors and university supervisor to discuss the client's progress and to develop additional strategies that are aimed at strengthening the client's reading.

Near the conclusion of the semester or term, a tutoring report is prepared. This report often contains the following information: objective data (e.g., name, school, number of sessions), background information, general observations, client's reading ability, program to improve client's reading ability (e.g., a description and evaluation of the methods and strategies used), and suggestions for the client's continued growth in reading. The tutoring report may also contain test and retest scores to help provide evidence of changes in the client's reading, attitude, or other relevant behaviors. For minors, a copy of the final report is sent to the parents and the client's school. Older

clients receive the report directly. Follow-up conferences with the parents and classroom teacher may also be done.

Basic Conclusion

Reading clinics that are part of the service mission of a college or university have evolved out of a medical model. I acknowledge that there are variations to this basic approach; nevertheless, based on my experience in several different reading clinics, discussions with colleagues at other colleges and universities, and a review of textbooks in our field, I believe that the basic and underlying fundamental nature of the diagnosis and treatment of reading difficulties is not at great variance with that proposed by Clarence Gray in 1922. Unfortunately, our strides to help readers at risk have not progressed at a rate consistent with our knowledge of the reading process. Perhaps it is time for some dramatic changes.

Reading Wellness Centers

Schroeder and Smith (1991, p. 1) note that "significant and fundamental parallels exist between the wellness concept and the notion of literacy." They present and discuss a number of tenets of wellness and relate them to reading. Future reading clinics might be based on some of these principles adapted from Schroeder and Smith:

1. Reading is more than a particular set of behaviors; it is a way of life.
2. Reading embraces the physical, emotional, spiritual, intellectual, and social dimensions.
3. Reading depends not only on skills, but centers on habits and attitudes.
4. Reading involves personal choice.
5. Reading involves the whole family.
6. Reading involves risk-taking.

7. Reading instruction should help students solve problems, make decisions, and take actions by themselves.

If some of these principles are to become the basis for future Reading Wellness Centers, professionals must free themselves from the constraints of the past and think creatively. Some of that thinking should consider personnel, assessment, and instruction as the traditional reading clinic is reconceptualized. Robinson (1946) suggested and used multidisciplinary teams to investigate and remediate clients' reading difficulties. Today's reading clinics often fall short of a team approach. Public schools have some models for their staffings that may provide some valuable insights for using interdisciplinary teams in Reading Wellness Centers.

The whole area of assessment is in drastic need of a fresh approach based on current knowledge of the reading process. The traditional case-study approach in the clinical model may need to give way to more holistic assessments that honor insights from the classroom teacher and that use materials from the student's usual instructional environment. The use of sample lessons (Harris & Sipay, 1990), developed many years ago, may be adapted for current use. Perhaps the most fundamental changes in assessment will involve the fusion and unification of assessment and instruction. The implications of this change for most traditional reading clinics are tremendous because of separate courses for diagnosis and remediation; moreover, some states currently require separate practicums in diagnosis and remediation. The unification or reconceptualization of such courses probably would have both practical and political implications.

Rethinking instruction and the physical environment in which it takes place poses still more challenges. Small rooms designed for one-on-one tutoring may need to give way to learning environments where students are involved in group processes and cooperative ventures in learning. Instruction might use materials from the classroom and focus on strategic learning. Tutors would become coaches who help students assume responsibility for their learning. Modeling and scaffolding

would become key words in planning and implementing instruction (Paris, Wasik, & Turner, 1991).

Pieces of instruction should be integrated into the larger goal of reconstructing meaning.

In a recent review of reading disability research, Wixson and Lipson (1991, p. 539) argue that "Progress in understanding reading disability can occur only if future research evolves from a more meaningful perspective." Traditional reading clinics need reconceptualization. The new agenda may mean the demise of the medically-based model of reading disability and the development of Reading Wellness Centers that provide literacy services to a wide range of readers.

References

- Abrams, J.C. (1988). A dynamic-developmental-interaction approach to reading and related learning disabilities. In S.M. Glazer, L.W. Searfoss, & L.M. Gentile (Eds.), Reexamining reading diagnosis: New trends and procedures (pp.29-47). Newark, DE: International Reading Association.
- Betts, E.A. (1936). The prevention and correction of reading difficulties. Evanston, IL: Row, Peterson.
- Gray, C.T. (1922). Deficiencies in reading ability: Their diagnosis and remedies. Boston: D.C. Heath.
- Gray, W.S. (1922). Remedial cases in reading: Their diagnosis and treatment. Chicago: The University of Chicago.
- Harris, A.J. (1968). Diagnosis and remedial instruction in reading. In H.M. Robinson (Ed.), Innovation and change in reading instruction (pp. 159-194). Sixty-seventh Yearbook of the National Society for the Study of Education. Chicago: University of Chicago Press.
- Harris, A.J., & Sipay, E.R. (1990). How to increase reading ability (9th ed.). New York: Longman.
- Paris, S.G., Wasik, B.A., & Turner, J.C. (1991). The development of strategic readers. In R. Barr, M.L. Kamil, P. Mosenthal, & P.D. Pearson (Eds.), Handbook of reading research, volume II (pp. 609-640). New York: Longman.
- Richek, M.A., List, L.K., & Lerner, J.W. (1983). Reading problems: Diagnosis and remediation. Englewood Cliffs, NJ: Prentice-Hall.
- Robinson, H.M. (1946). Why pupils fail in reading. Chicago: University of Chicago Press.

Salend, S.R., & Salend, S.J. (1985). Writing and evaluating educational reports. Academic Therapy Quarterly, 20, 277-288.

Schroeder, T., & Smith, L.L. (1991, November). Reading wellness. Presented at the meeting of the College Reading Association, Crystal City, VA.

Wixson, K.K., & Lipson, M.Y. (1991). Perspectives on reading disability research. In R. Barr, M.L. Kamil, P. Mosenthal, & P.D. Pearson (Eds.), Handbook of reading research, volume II (pp. 539-570). New York: Longman.

LITERACY RESEARCH AND REPORTS ORDER FORM

		No. of Copies
No. 1*	Portfolio Assessment: A Survey Among Professionals by Jerry L. Johns & Peggy VanLeirsburg	out of print
No. 2	Adults' Perceptions of Change in Reading Ability Across the Life Span [ED 325 813] by M. Cecil Smith & Wesley C. Covalt	out of print
No. 3	Teacher Behaviors During Reading Instruction in Australian and American Classrooms [ED 329 930] by Roberta L. Berglund, James P. Raffini, & Lorraine McDonald	out of print
No. 4	Perceptions of Preservice and Inservice Teachers Regarding Test-Taking Procedures and Test-Wiseness Programs [ED 335 327] by Jerry L. Johns & Susan J. Davis	_____
No. 5	Disappearance of Drawings in Children's Writing: A Natural Development or a Natural Disaster [ED 334 578] by Gail Neu & Roberta L. Berglund	_____
No. 6	An Analysis of the History of Writing and the Development of Children's Literacy Acquisition [ED 333 459] by June E. Barnhart	_____
No. 7	Developing a Love of Reading: What Helps, What Hurts [ED 332 168] by Roberta L. Berglund, Richard J. Telfer, & Joan E. Heimlich	_____
No. 8	Three Reading Groups: An American Educational Tradition [ED 331 005] by Susan J. Davis	_____
No. 9	Annotated Bibliography of Whole Language Resources [ED 334 549] by Amy K. Aufmann & Mary Ann Wham	_____
No. 10*	How Professionals View Portfolio Assessment [ED 335 668] by Jerry L. Johns & Peggy VanLeirsburg	_____
No. 11	Socio-Educational Influences on Standardized Reading Tests, 1900-1991 [ED 335 662] by Peggy VanLeirsburg	_____
No. 12	Assessment Literacy: Perceptions of Preservice and Inservice Teachers Regarding Ethical Considerations of Standardized Testing Procedures [ED 341 666] by Peggy VanLeirsburg & Jerry L. Johns	_____

(more reports on back)

No. of Copies

No. 13	Differences in the Written Recalls of Folktales Among Above-Average, Average, and Below-Average Second-Grade Readers by June E. Barnhart	_____
No. 14	Pre-School, Kindergarten, and First-Grade Inventive Spellers' Treatment of Onsets and Rimes by Donald J. Richgels, Lea M. McGee, & Jeanne M. Burns	_____
No. 15	What Teachers Have Been Telling Us About Literacy Portfolios by Jerry L. Johns & Peggy VanLeirsburg	_____
No. 16	From Traditional Reading Clinics to Wellness Centers by Jerry L. Johns	_____

Each report costs \$3.50 (postage included). Actual postage costs will be added for large orders or overseas shipments. Please remit in U.S. funds. Please make check or money order payable to the NIU Reading Clinic and send to: Northern Illinois University, The Reading Clinic-119 Graham Hall, DeKalb, IL 60115.

Ship to:

Name _____

Address _____

Amount
Enclosed

City _____ State _____ Zip _____

\$ _____

Country _____

☐ Place me on your mailing list

An ED number is given in square brackets following the citation for some reports. For approximately 98% of the ERIC documents, the full text can be found in the ERIC microfiche collection. This collection is available in over 800 libraries across the country. Alternatively, you may prefer to order your own copy of the document from the ERIC Document Reproduction Service (EDRS). You can contact EDRS by writing to 7420 Fullerton Road, Suite 110, Springfield, VA 22153-2852, or by telephoning them at (800) 443-ERIC (3742) or (703) 440-1400.

* Reports 1 and 10 have been published in C.B. Smith (Ed.) (1991), Alternative assessment of performance in the language arts. Bloomington, IN: ERIC Clearinghouse on Reading and Communication Skills.